

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
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TOTAL CLAIMS	16					

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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<b>CLAIMS</b>								
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TOTAL IND.		↓		↓		↓		
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TOTAL CLAIMS								

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